

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		18	8.5.01
FORMALITY REVIEW	<del>SP</del>	5C 826	02.09.01
RESPONSE FORMALITY REVIEW	Request	995	16-04-01

INDEX OF CLAIMS

✓ ..... Rejected  
 + ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	2/1/2001
2	2/1/2001
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here